

# SUMMARY FORM

## COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR / NON-POLICE & NON-FIRE

### Section I: Agreement Details

Public Employer: City of Absecon County: Atlantic  
Employee Organization: IBT Loc 107 Employees in Unit: 5  
Base Year Contract Term: 1/1/2007 12/31/2010 New Contract Term 1/1/2011 12/31/2014  
Type of Settlement: ☐ Mediated Settlement ☐ Fact-Finder Recommendation ☒ Voluntary Settlement ☐ Super Conciliation

	Column A Base Year - Total Costs (Last Year of Previous agreement)	Column B New Base Year - Total Costs (First Year of Successor agreement)
<b>Section II: Economic</b>		
Item 1 ..... <u>Salary</u>	\$249,513	\$259,299
Item 2 ..... <u>Increment</u>	\$6,500	\$6,000
Item 3 ..... <u>Longevity</u>	\$13,361	\$10,305
Item 4 .....		
Item 5 .....		
Item 6 .....		
Item 7 .....		
Item 8 .....		
Item 9 .....		
Item 10 .....		
Item 11 .....		
Item 12 .....		
Any additional items list on separate sheet Additional Items		
<b>Section III: Totals</b> - Sum of costs in each column	\$269,374 (Total)	\$275,604 (Total)

### Section IV: Analysis of new successor agreement

### NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement) \$269,374

Effective Date (m/d/yyyy)	1/1/2011	1/1/2012	1/1/2013	1/1/2014
Percent Increase .....	2%	4%	4%	4%
Total cost of increase ..	\$6,230	\$9,000	\$9,000	\$9,000
Total base salary (successor agreement) .....	\$265,299	\$232,276	\$241,276	\$250,276

### Section V: Impact of Settlement - average annual increase over term of agreement

Percentage Impact (average per year over term of agreement) 3.50  
Dollar Impact (average per year over term of agreement) \$33,230.00

### Section VI

Health Insurance (indicate costs associated on each line)

	Base Year	Year 1
Cost of Health Plan .....	\$73,510	\$77,973
Employee Contributions .....		
Prescription .....		
Dental .....	\$5,874	\$6,168
Vision .....	\$472	\$472

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.

### Section VII

Prepared by: Jessica Thompson Title: Administrator/CFO  
Print Name  
Jessica Thompson Date: 9/23/2015  
Signature